(b) A number of recommendations were made in the Congress. Some of the achievements *interalia* include awareness building about the advantages of Ayurveda, the need for standardizing the drugs and also a recognition of the present limitations of the sector and what needs to be done for its development.

(c) Financial assistance is provided to the NGOs to create awareness about strengthening of ISM & H through Workshop. Training, Health Melas and Community meetings under Information. Education and Communication Schemes of the Deptt. Efforts are also being made so that the ISM & H Practitioner are utilized by the States in Primary Health Centres, including Family Welfare Programme.

Tuberculosis Eradication

3702. SHRI K.M. KHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of people estimated to be suffering from active tuberculosis which is highly infectious;

(b) the number of new cases added thereto every year;

(c) the details of mortality rate in each State/Union Territory in India;

(d) the steps being taken to reduce the mortality rate; and

(e) how much financial assistance is being taken from the World Bank to eradicate this disease?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T SHANMUGAM): (a) It is estimated that there are between 3 million and 3.5 million highly infectious sputum positive cases.

(b) It is estimated that about 22 lakh TB cases occur every year of which 10 lakhs are estimated to be highly infectious.

(c) Deaths are not reported under the National TB Control Programme. It is estimated that nearly 5 lakh people die of tuberculosis every year in the country.

(d) To achieve a cure rate of at least 85%, Revised National TB Control

†Original Notice of the Question was received in Hindi.

Programme is being implemented in the country in a phased manner. About 180 million population has already been covered under the Programme. It is planned to cover 500 million people by the end of 2002. Efforts will be made to cover the whole population of the country by the end of the year 2005.

(e) The World Bank has agreed to provide an assistance of Rs. 604 crores to implement the Revised National TB Control Programme in the country for the period from 1997-2002.

Delays from the Office of DCI

3703. SHRI S. AGNIRAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that it takes even more then a month or 45 days to get from 10 licences from Drug Controller's (DCI) office;

(b) if so, what are the reasons for the delay;

(c) what steps are being taken to speed-up the process;

(d) whether it is a fact that DCI office unnecessarily delays cases by referring to various Departments instead of clearing cases on priority; and

(e) how many such cases are pending for more than 15 days and the reasons for such delays?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI NT. SHANMUGAM): (a) to (e) A licence in form 10 to import drungs specified in schedules C and C(l) is normally issued within 3 to 4 weeks of receipt of the application, after due scrutiny of the documents and the information furnished by the manufacturer in this regard. However, in some-cases involving patent and proprietory medicines or special drug substances, the time taken could be more since comments of experts are necessary to justify their therapeutic specifications or specifications for their end uses.

To further streamline the existing system of granting import license, and to facilitate the importers, a list of all the documents needed to process such applications for import has been prepared and forwarded to port health officers on 5.3.2000 for informing all concerned. The Industry Associations have also been intimated in this regard. This measure should help to reduce the time spent in collecting information wanting in the applications, for processing the grant of import licenses.